

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name: **Lost Valley Educational Center** PWS ID# **41 94011**  
 Month/Year: **Jan 2021** Entry Point: **A Lodge Sink** Required Minimum Residual: **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:15	LODGE SINK	14	SLE
2	3:45	" "	14	SLE
3	3:50	" "	14	SLE
4	2:20	" "	14	SLE
5	3:00	" "	14	SLE
6	12:45	" "	15	SLE
7	2:00	" "	14	SLE
8	4:15	" "	15	SLE
9	5:50	" "	15	SLE
10	2:25	" "	14	SLE FILLTANK
11	5:10	" "	15	SLE
12	11:00	" "	16	SLE
13	3:15	" "	14	SLE
14	1:40	" "	14	SLE
15	3:35	" "	14	SLE
16	5:00	" "	14	SLE
17	5:00	" "	14	SLE
18	4:30	" "	14	SLE
19	3:00	" "	14	SLE
20	3:00	" "	14	SLE
21	4:20	" "	14	SLE
22	4:00	" "	14	SLE
23	4:30	" "	14	SLE
24	12:00	" "	14	SLE
25	3:55	" "	14	SLE
26	4:55	" "	14	SLE
27	4:30	" "	14	SLE
28	12:00	" "	14	SLE
29	2:30	" "	14	SLE
30	3:00	" "	14	SLE
31	3:50	" "	14	SLE

Was the chlorine residual ever less than the required minimum residual of **0.2 mg/L**?  Yes  No

If yes, what was the longest time period until the required level was restored? **None - (> 4 hours, Drinking Water System to be notified by end of next business day.**

**GWS Serving 3,300 or Fewer**  
 If you, did you monitor every four hours until the residual returned to **0.2 mg/L as required**?  Yes  No  
 Attach flow records and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: **1 1**  
 Date it was returned to service: **1 1**